ISPS-US 2021 Virtual Conference:
Moving Toward Shared Understandings in Psychosis and Extreme States:
Professional, Individual, and Family Perspectives
November 5-7, 2021
Abstracts, Target Audience, Learning Objectives and References
* = Credit offered; ✎ = Creative Healing Space; ePoster abstracts at the end

John Adenle & Oluwatobi Sodimu
Creative Engagements for Ameliorating Loneliness and Trauma: Post Covid-19 Story ✎
INTRODUCTORY
This study discusses origami as an art activity and how it could be deployed as useful tool of engagement in situations of lockdown. At the initial registration, seventy-two participants started the 21-day online practical creative sections of folding papers. However, after seven and fourteen days, some participants dropped out, owing to a few constraints. Different folds and styles were taught through video assignments. The result of folds and responses show that the engagement was a timely intervention for helpless people during the lockdown.

Key words: Origami Folds, engagement, therapy, creative, response, virtual workshop.

At the conclusion of this activity, participants should be able to:
1. Repeat the steps as demonstrated by the facilitator.
2. Describe some steps of creating basic folds.
3. Create a model.

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Stephen Betuker, MSW & Ashley Wilson, MS
*US Police Reform by using CBTp for Police Co-Response Teams**
INTRODUCTORY
After the death of George Floyd on May 25, 2020, cities across the United States have been pressured to reform their 911 response to calls that are either mental health or substance use related. As many police encounters involve individuals with severe mental illness (SMI), some police departments have explored methods to improve their interactions with these individuals. A recent approach is to use a co-response team of therapists who partner with police officers as the first responders to mental health calls. Cognitive Behavioral Therapy for Psychosis (CBTp) is one of the methods being introduced to police co-response teams. SAMHSA has identified routine administration

of CBTp as the standard of care for individuals seeking treatment for psychosis. CBTp has been utilized within many community based mental health programs over the last ten years that treat individuals with psychotic disorders. Similarly, CBTp can provide clinical tools to the police co-response teams that can be used for engagement, psychoeducation and treatment to those displaying psychotic symptoms. The use of CBTp can also assist with breaking down mental health stigma that continues to impact people who encounter the police.

At the conclusion of this activity, participants should be able to:
1. Apply the CBTp approach to engage individuals with psychotic disorders in response to 911 calls.
2. Explain how CBTp can reduce mental health stigma within the police department via partnership with mental health therapist.
3. Utilize CBTp to improve psychoeducation for both those who experience psychosis and their natural supports during police encounters.

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Grant, P.M., Bredemeier, K., & Beck, A.T. (2017) Six-month follow-up of recovery-oriented cognitive therapy for low-functioning individuals with schizophrenia. Psychiatric Services, 68(10), 997-1002.

Koziarski, J., O'Connor, C. & Frederick. (2021) Policing mental health: The composition and perceived challenges of Co-response Teams and Crisis Intervention Teams in the Canadian context, Police Practice and Research, 22:1, 977-995, DOI: 10.1080/15614263.2020.1786689

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Substance Abuse and Mental Health Services Administration: Routine Administration of Cognitive Behavioral Therapy for Psychosis as the Standard of Care for Individuals Seeking Treatment for Psychosis: State of the Science and Implementation Considerations for Key Stakeholders. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2021.

Satu Lilja Beverley, MSSC, MA
Recovery Under Biomedical Model Versus Open Dialogue
INTRODUCTORY
I explore the recovery outcomes in the development, treatment and prevention of mental illness and suicide under the Biomedical model and Open Dialogue from the early warning signs to a severe treatment resistant mental illness, psychosis and trauma from my perspective with lived experience of mental illness, as a psychologist and a volunteer working for more than 5 decades with the mentally ill and as a carer for more than 2 decades, as well as a, mental health activist since late 1990's and Open Dialogue Advocate since 2011.

I use Lumi Winterson's lived experience of mental illness as she describes her life with schizoaffective disorder in her two books, The Girl in the Mirror and Angel in the Mirror: Road to Recovery. As the first person in Australia to have Open Dialogue principles adapted into her biomedical treatment, she is compelling proof about the efficiency of biomedical versus psychosocial approaches.

At the conclusion of this activity, participants should be able to:
1. Explore the development, treatment and prevention of mental illness leading to suicide.
2. Discuss the effectiveness of the recovery outcomes under the Biomedical model and Open Dialogue.
3. Expand their knowledge on mental illness from the point of view of a patient and carer.

Lumi Winterson (2020). Angel in the Mirror: Road to Recovery. Xlibris AU.

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Marilyn Charles, PhD, ABPP
The Establishment and the Mystic: Extreme Experience and Social Context*
INTERMEDIATE
There is a preciousness and a precariousness in individual potential. We enter the world dependent on others for sufficient safety to develop our potential. However, for those driven by aesthetic or spiritual inspiration, normative elements in family and culture can prove deadening. Meanings are inevitably contextual. The extreme experiences associated with mystical visions or moments of inspiration tend to be pathologized in current culture, and yet commonalities between psychotic experience and poetic and mystical consciousness invite us to consider how culture can either contain or alienate the individual, driving them mad.

The artist is often an outsider whose talents may never be recognized. What we term "genius" is often a function of a perspective outside the bounds of consensual reality, such that the pursuit of creative endeavors can be profoundly lonely and even take the form of a type of madness. We can wonder how limits in understanding can alienate us all from qualities that have deep and profound social and human value, and therefore, from ourselves and one another.

Experience tells us that people are driven mad when sense cannot be made from their experience, and that psychotic symptoms tell a story in coded form. Research shows that the roots of madness can best be understood in developmental terms, inviting us to consider how what we term "madness" is a socially constructed phenomena, driven by the desire to ignore and avoid facing difficult truths, including contending with experiences that move into unknown territory.

Bion notes inevitable tensions between the establishment and the mystic who speaks back to us in an alien voice. How we listen to such voices without alienating and driving the person into silence or

madness remains a worthy challenge, so that we can protect and nourish the very creativity we need in order to thrive.

At the conclusion of this activity, participants should be able to:
1. Describe one common feature of psychotic and mystical experience.
2. Describe one pivotal difference between psychotic and mystical experience.
3. Describe one developmental factor that is linked to later psychotic experience.

Charles, M. (2019). Abjection, identity and the enigmatic message: Embodied meanings and social constructions. Journal of Psychosocial Studies, 12(1-2):69-79.

Charles, M. (2019). Trauma, Identity, and Social Justice. Psychoanalysis, Culture, and Society, 24(2):118-131.

Charles, M. (2021). Creative Transformations: The Establishment, the Mystic, and the Aesthetic Drive. In: M. Brown & R. S. Brown (Eds.). Emancipatory Perspectives on Madness, pp. 152-167. London & New York: Routledge.

Françoise Davoine, PhD
Unprecedented Dialogue*
INTRODUCTORY
How to create a dialogue with subjects thrown into the garbage of history? An unprecedented encounter may happen in the transference if the analyst is able to claim unclaimed experiences also on her side and recognize the patients' expertise in triggering them. Then begins co-research on catastrophic areas in family stories and History. I will give clinical examples of this specific "shared experience."

At the conclusion of this activity, participants should be able to:
1. Identify cut-out psychic aspects of the psyche in psychotherapeutic work.
2. Create a co-research dialogue with patients that can allow them to claim previously unclaimed experience.
3. Employ strategies to enhance awareness of the effects of historical catastrophe upon individual experience.

Françoise Davoine. Voix du soin dans le contexte des traumas. PUF 2021, to be published by Routledge.

Jean Max Gaudillière, Françoise Davoine. 2021.Madness and the Social Link
The Jean-Max Gaudillière Seminars 1985-2000. Routledge.

Jean-Max Gaudillière, Françoise Davoine. 2021. The Birth of a Political Self
The Jean-Max Gaudilliere Seminars 2001-2014. Routledge.

Tomas Fogl, MD, FRCPC
Happy Hiking and CBT: An Integrative Group CBT for Positive Psychology and Psychosis Centered Around Hiking*
INTRODUCTORY
Increasing evidence and experience suggests that a focus on values, strengths and positive psychology to improve our happiness and our sense of a more meaningful life has a positive impact not only on recovery from psychosis but also on human flourishing in general. Also, increasing research is confirming the benefits of exercise and fitness for improving well-being in general as well recovery from psychotic-spectrum conditions. In this brief experiential and case-based workshop, we describe a co-designed integrative group CBT for psychosis for positive psychology, where the therapy sessions were integrated into weekly hikes around the city and its surroundings. The hikes proved to be useful vehicles for experiencing positive emotions, engagement and practice of various character strengths, practice of socialization and deepening of group relationships, practicing valued actions, and gaining a sense of mastery and achievement, not to mention improving fitness. The hikes also often provided opportunities to practice more classic CBT for psychosis and for other challenges, including behavioural activation, systematic dropping of safety behaviours, behavioural experiments and exposure.

At the conclusion of this activity, participants should be able to:
1. Describe some of the research demonstrating the benefits of CBT, positive psychology and exercise on well-being and on recovery from psychosis.
2. Describe and practice some of ways by which positive psychology exercises and practices can be concretely integrated into a CBTp group.
3. Describe how weekly group hikes can integrate and strengthen CBT and positive psychology practices.

Positive Psychotherapy for Psychosis: A Clinician's Guide and Manual, Dec 20 2016
Mike Slade, Tamsin Brownell, Tayyab Rashid, Beate Schrank.

Treating Psychosis: A Clinician's Guide to Integrating Acceptance and Commitment Therapy, Compassion-Focused Therapy, and Mindfulness Approaches within the Cognitive Behavioral Therapy Tradition. Nicola P. Wright PhD CPsych (Author), Douglas Turkington MD (Author), & al. July 1 2014

Recovery-Oriented Cognitive Therapy for Serious Mental Health Conditions
Aaron T. Beck, Paul Grant, Ellen Inverso, Aaron P. Brinen, and Dimitri Perivoliotis. December 8, 2020

Nadya Gomez
Casual Creative Therapy ✒
INTRODUCTORY
Join Nadya for a fun exploration of emotional life and visual expressiveness at Casual Creative Therapy. I'll guide you through a grounding meditation and thereafter we will be using aspects of our emotional realities and our personal histories to complete brief visual prompts. There will be the opportunity to share your results with the group, though it is not required. This workshop creates a space to break free from perfectionistic expectations and simply tune in to our inner children, adolescents, body parts, present-day emotions etc. and express authentically. No prior visual art skills required and please use any materials you have – a pen is great. Please be advised: I am in no way a mental health professional.

At the conclusion of this activity, participants should be able to:
1. Use any available art materials in an authentically expressive manner.
2. Describe on feeling states evoked by prompts.
3. Explain how to feel more grounded in their present-day realities after expressing emotional truths.

Dmitriy Gutkovich; Cardum Harmon Penn, MA; Ronda "Ro" Speight, NYCPS; Jeanette Toledo
Plenary Panel
Experts-by-Experience: Creating Change Through Lived Experience
INTRODUCTORY
The hearing voices experts-by-experience community is filled with agents of greater change. With our first-hand knowledge, we add empathy into what are often pathologizing mainstream approaches. We grow the roles of peer workers in guiding those who struggle back to quality-of-life, and contribute our strategies so that the next person can stand on our shoulders in their difficulties. We even challenge the status quo from a social justice perspective, rejecting the challenges our community faces from external prejudice rather than from internal conflicts.

In this panel, you will hear diverse stories of how internal transformations from lived experience became fuel for bettering what it means to struggle from hearing voices in modern society.

At the conclusion of this activity, participants should be able to:
1. Use multiple defense techniques to minimize the impact of hostile voices and incorrect information.
2. Describe additional tools to organize their voices by characters, stories, and goals with the purpose of creating a harmonious ecosystem.
3. Use explanatory metaphors and relationship techniques to improve their physical-world connections.

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Bentall, R. P., Haddock, G. & Slade, P. D. Cognitive behavior therapy for persistent auditory hallucinations: From theory to therapy. Behavior Therapy 25, 51-66 (1994).

Roxburgh, E. C. & Roe, C. A. A survey of dissociation, boundary-thinness, and psychological wellbeing in spiritualist mental mediumship. Journal of Parapsychology 75, 279-299 (2011).

Taylor, G. & Murray, C. A qualitative investigation into non-clinical voice hearing: what factors may protect against distress? Mental Health, Religion & Culture 15, 373-388 (2012).

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Romme, M. & Escher, S. Accepting voices. (MIND Publications, 1993).

Peters, E., Williams, S., Cooke, M. & Kuipers, E. It's not what you hear, it's the way you think about it: appraisals as determinants of affect and behaviour in voice hearers. Psychological Medicine 42, 1507-1514 (2012).

Singh, G., Sharan, P. & Kulhara, P. Role of coping strategies and attitudes in mediating distress due to hallucinations in schizophrenia. Psychiatry and Clinical Neurosciences 57, 517-522 (2003).

Jackson, L. J., Hayward, M. & Cooke, A. Developing positive relationships with voices: A preliminary grounded theory. International Journal of Social Psychiatry 57, 487-495 (2011).

Hayward, M. Interpersonal relating and voice hearing: to what extent does relating to the voice reflect social relating? Psychology and Psychotherapy: Theory, Research and Practice 76, 369-383 (2003).

Vaughan, S. & Fowler, D. The distress experienced by voice hearers is associated with the perceived relationship between the voice hearer and the voice. British Journal of Clinical Psychology 43, 143-153 (2004).

Will E. Hall, MA, DiplPW, Cert. OD & Rachel Flanigan
Factors Predicting Antipsychotic Discontinuation in the Maastricht World Survey on Antipsychotic Withdrawal*
INTRODUCTORY
What conditions, supports, attitudes, and behaviors contribute to successful antipsychotic medication discontinuation? In this presentation we summarize key findings to date in the Maastricht World Survey on Antipsychotic Withdrawal to identify factors predicting withdrawal success.

With 3,524 respondents in 17 countries, the Maastricht World Survey is the largest existing study of antipsychotic withdrawal, and one of the only withdrawal surveys to focus solely on antipsychotic / neuroleptic medications. All respondents attempted discontinuation, with 92% reporting they were glad they tried regardless of the outcome.

In the Maastricht Survey thousands of people discontinued antipsychotic medication due to: side-effects (71%), worry about future effects (60%), desire to solve problems without relying on medication (49%) and more. Others discontinued due to loss of health insurance (12%) or homelessness (11%). Many completely discontinued and now live medication free even after taking antipsychotic medications for years or decades, and even while continuing to live with experiences that could be diagnosed as psychosis (40%).

Many respondents accessed psychological and social supports for their antipsychotic withdrawal attempts. Using exploratory factor analysis methodology, we identify factors that predict complete discontinuation or 90%, 75% or 50% dosage reduction. The 18 factors that may predict successful discontinuation include: severity of distress, side-effects, socio-economic privilege, treatment history, preparation, information from professionals, lifestyle changes, social support, treatment coercion, and attitudes towards the medical model of distress. Each factor includes a cluster of variables that contribute to the probability of success: lifestyle changes include sleep, exercise, meditation, art and more; social supports include: patient groups, peers, therapists, clinicians, clergy, friends and family.

Our presentation focuses on key factors that are most significant in contributing to discontinuation goals. We also look at quality of life outcomes, including employment, hospitalizations, and reported physical and emotional health improvements.

At the conclusion of this activity, participants should be able to:
1. Identify 3 key factors that contribute to meeting medication minimization goals.
2. Recommend several types of social support for patients withdrawing from antipsychotic medication.
3. Plan for lifestyle changes that support antipsychotic discontinuation.

Hall W. Psychiatric Medication Withdrawal: Survivor Perspectives and Clinical Practice. Journal of Humanistic Psychology 2019; 59: 720–9.

Moncrieff J, Gupta S, Horowitz MA. Barriers to stopping neuroleptic (antipsychotic) treatment in people with schizophrenia, psychosis or bipolar disorder. Therapeutic advances in psychopharmacology 2020; 10: 1–10.

Read J, Sacia A. Using Open Questions to Understand 650 People's Experiences with Antipsychotic Drugs. Schizophrenia Bulletin 2020; 46: 896–904.

Gerald Jordan, PhD
Conceptual and Empirical Differences Between Clinical Recovery, Personal Recovery and Posttraumatic Growth Following Psychosis*
INTERMEDIATE
Introduction: A first episode of psychosis is often a traumatic experience. Despite this, many people recover from a first episode of psychosis. Two well-described types of recovery from psychosis include clinical recovery (i.e., remission from symptoms and resumption of social, occupational or educational goals) and personal recovery (i.e., finding a way to live a meaningful life despite the limitations of having had a psychosis). In addition, some people may also experience posttraumatic growth following psychosis (i.e., positive psychological changes following the struggle with psychosis). It is unclear how posttraumatic growth and recovery are similar or distinct at both the conceptual level and empirical level. This ambiguity may limit both theoretical and empirical work in the field, as well as interventions designed to facilitate either recovery or posttraumatic growth.

Objective: The purpose of this presentation is to first describe the findings of a narrative review on the historical and phenomenological similarities and differences in the between clinical recovery, personal recovery and posttraumatic growth following a first episode of psychosis. Then, correlations between clinical recovery, personal recovery and posttraumatic growth will be presented. These correlations are based on data from 93 people who experienced a first episode of psychosis in Montreal, Canada.

Findings: Our review reveals that personal recovery is a broader construct under which clinical recovery is subsumed. Posttraumatic growth may be a phenomenon that is narrower than and is related to, yet distinct from, personal recovery. Empirical analyses revealed that posttraumatic growth and personal recovery were moderately correlated, yet posttraumatic growth was not correlated with clinical recovery, which supports findings from the narrative review.

Conclusions: Findings suggest that clinical recovery is distinct from both personal recovery and posttraumatic growth. People may thus experience both posttraumatic growth and personal recovery in the absence of clinical recovery.

At the conclusion of this activity, participants should be able to:
1. Explain the conceptual differences and similarities between posttraumatic growth and recovery from psychosis.
2. Discuss the empirical links between posttraumatic growth and recovery from psychosis.
3. Articulate where future work in this area should be oriented towards.

Jordan, G., Malla, A., Iyer, SN (2020). Perceived facilitators and predictors of positive change and posttraumatic growth following a first episode of psychosis: A mixed methods study using a convergent design. BMC Psychiatry. DOI: https://doi.org/10.1186/s12888-020-02693-y

Jordan, G., Iyer, SN, Malla, A., Davidson, L. (2020). Posttraumatic growth and recovery following a first episode of psychosis: A narrative review of two concepts. Psychosis, 12, 285-294.

Jordan, G., Malla, A., Iyer, SN (2019). "It's brought me closer to who I am": a mixed methods   study of posttraumatic growth and positive change following a first episode of psychosis. Frontiers in Psychiatry. DOI: https://doi.org/10.3389/fpsyt.2019.00480

Holly Kelsey; Shannon LaBelle; Bronwyn O'Brien; Helen Thai; Nicola Patricia Wright, PhD
Creating Change Together*
INTRODUCTORY
Ethical Processes
Participatory Action Research (PAR) fosters awareness of the value researchers bring, engages all with educational resources, creates connection, and ensures that the contributions of researchers are embedded into studies on their ethical terms. We explore the ethical considerations of PAR and co-design to facilitate co-design approaches of individual, group and family programs, advocacy, program evaluation, training and education.

Co-creating Change
Individuals with lived experience of psychosis have great insight and wisdom to contribute to the recovery of others. We explore the experience of individuals with lived expertise of psychosis collaborating to create a set of "Coping Cards" to be used as a tool during recovery and treatment, as well as their perspective on the role of smoking in recovery.

Families First
From the perspective of a family member of a person with psychosis, there appears to be a gap in research and literature regarding the experience and needs of young children in the family. Parenting support for service users could also promote effective parenting and strengthen mental health recovery. Such supports could improve mental health outcomes for all.

Antiracism, Equity, Inclusion and Diversity in CBTp
This presentation will focus on the North American Cognitive Behavioural Therapy for Psychosis Network's establishment of an Anti-Racism, Equity, Diversity and Inclusion Committee to address diversity, marginalization, race, ethnicity, discrimination and poverty in CBTp.

Participatory Approaches to CBTp
This last presentation pulls together the five panel presentations to highlight the importance of individuals, families and professionals shoulder to shoulder in care, advocacy, research and education. We will highlight the role of the North American Cognitive Behavioural Therapy for Psychosis Network Committee in pulling together these vantage points in the participatory Action, Peer, People with Lived Experience Committee.

At the conclusion of this activity, participants should be able to:
1. Describe participatory action approaches and the ethics associated with them.
2. Describe ways to enhance antiracism, equity, diversity and inclusion in Cognitive Behavioural Therapy for Psychosis.
3. Outline the importance of involving people with lived experience/peers in participatory action and co-design approaches in Cognitive Behavioural Therapy for Psychosis.

Jones, N., Atterbury, K., Byrne, L., Carras, M., Brown, M., & Phalen, P. (2021). Lived experience, research leadership, and the transformation of mental health services: Building a researcher pipeline. Psychiatric Services, 72(5), 591-593.

Thai, H., Sharif, N., Patrick, K., Meldrum, C., Gamble, T., Robertson, C., ... & Team, T. P. C. D. (2021). A Participatory Action Research (PAR) exploratory initiative for psychosis recovery and resilience. Psychosis, 13(2), 143-153.

Vojtila, L., Ashfaq, I., Ampofo, A., Dawson, D., & Selby, P. (2021). Engaging a person with lived experience of mental illness in a collaborative care model feasibility study. Research Involvement and Engagement, 7(1), 1-8.

Brigitte Ladisch, PhD
Psychosis and the Mental Health System: A Personal and Professional Perspective*
INTERMEDIATE
This presentation considers the issue of psychosis and the mental health system - its approach, its failure and the need for a paradigm shift.

It will be illustrated by the story of my daughter, who experienced psychotic episodes. Being in a dual position, as both a mother and as a professional, a clinical psychologist, I may bring a unique perspective to these issues.

I will examine the problematic present, dominant view of psychosis held by the mental health system, a biomedical conception. It considers psychosis as being a (brain) disease, rather than as a temporary psychological state.

Described will be how such a conception engenders an inappropriate and harmful psychological and therapeutic approach. In a significant number of cases, this leads to a terrible outcome for people experiencing psychosis, of having to live a "managed" life or even of losing their life.

Also addressed is the impact of the social environment (versus the family environment) on the psyche and the development or prolongation of psychotic states. This provides further evidence contradicting the view that psychosis is a brain disorder, a disease, that it is "constitutional". The pioneering work of Lynne Layton (2020) in this regard, will be considered. Her work delineates the impact of the social environment on the psyche, contesting the "unlinking of the individual from the social", as is still prevalent in the mental health system today.

This paper presents an alternative view of psychotic states/psychosis and advocates for a paradigm shift. The hope is that psychosis becomes seen as a temporary, transient, psychological state, not as a disease. Implications for a radically different therapeutic approach will become clear from this analysis.

At the conclusion of this activity, participants should be able to:
1. Articulate a better understanding of what psychosis is.
2. Explain the impact of the social environment on the psyche and on the development of psychosis.
3. Discuss a different therapeutic approach.

Brown M. and Brown R. (2021), Emancipatory Perspectives on Madness: Psychological, Social and Spiritual Dimensions, Routledge.

Madness and the Social Link: The Jean Max Gaudilliere Seminars (1985-2000), (2020), Routledge.

Layton L. (2020), Editor Levy-Sperounis M., Towards a Social Psychoanalysis, Routledge.

Yulia Landa, PsyD, MS; Joseph S. DeLuca, PhD; Michael Jacobs, MA; Jessica Levitt; Philip T. Yanos, PhD

Understanding Voice Hearing Through Theatre* ✎

INTRODUCTORY

Contrary to popular belief, voice hearing is not a rare phenomenon. Instead, current models suggest that voice hearing occurs on a spectrum among the general population and not just among "patients" or people diagnosed with mental illness. Voice hearing phenomena can be diverse, including positive and negative experiences, and may represent important themes in one's life. Public and professional understandings of voice hearing are generally poor, reflecting dichotomous views of "psychosis" (i.e., believing one "has it" or does not) and poor awareness of the effectiveness of non-pharmacological therapies in treating psychotic symptoms, often giving rise to stigma. Theatre can be one method to increase understanding of voice hearing and reduce stigma. Additionally, theatre may be used by people with lived mental health experience as a creative way to share their personal stories, create new (or shape existing) meanings, and achieve their recovery goals. During this creative workshop and conversation, a recently recorded play written and directed by a person with voice hearing experiences will be shown. The title of this play is "Voices" and it focuses on a character who hears voices and interacts with mental health professionals. Attendees will complete a short pre- and post-quiz related to voice hearing experiences, and there will be a conversation afterwards with the play's writer-director, their therapist, actors in the play, other mental health professionals, and people with lived experiences and their families. Attendee involvement in discussion will be strongly encouraged. The impact of the play will be discussed, as well as reflections on the play's themes from the writer-director and their therapist. There will also be discussions of research on the use of theatre in mental health as well as the benefits of Cognitive Behavioral Therapy and narrative therapies for voice hearing experiences.

At the conclusion of this activity, participants should be able to:
1. Discuss the use of theatre to increase mental health knowledge, reduce stigma, and promote recovery.
2. Identify ways to enhance clinicians', patients' and their families understanding of voice-hearing experiences.
3. Discuss the use of theatre and related approaches (e.g., Cognitive Behavioral Therapy, narrative-based approaches) in your own work.

Michalak, E. E., Livingston, J. D., Maxwell, V., Hole, R., Hawke, L. D., & Parikh, S. V. (2014). Using theatre to address mental illness stigma: a knowledge translation study in bipolar disorder. International journal of bipolar disorders, 2(1), 1-12.

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Moran, G. S., & Alon, U. (2011). Playback theatre and recovery in mental health: Preliminary evidence. The Arts in Psychotherapy, 38(5), 318-324.

Tang, S. X., Seelaus, K. H., Moore, T. M., Taylor, J., Moog, C., O'Connor, D., ... & Gur, R. C. (2020). Theatre improvisation training to promote social cognition: a novel recovery-oriented intervention for youths at clinical risk for psychosis. Early intervention in psychiatry, 14(2), 163-171.

Yanos, P. T., Roe, D., & Lysaker, P. H. (2011). Narrative enhancement and cognitive therapy: a new group-based treatment for internalized stigma among persons with severe mental illness. International journal of group psychotherapy, 61(4), 576-595.

Anne Liao; Shelly Ben-David, PhD, RSW; Rory Higgs; Tracy Windsor
Reflections on Community-Engaged Research on Cultural and Relational Contexts of Early Psychosis in BC, Canada*

INTRODUCTORY

This panel will discuss our experiences of conducting community-engaged research (1) as an integrated team of researchers, peer support workers, social workers, students and people with lived/living experience of psychosis (i.e. voices, visions & unique beliefs) in British Columbia (BC), Canada. Our team met as members of the peer-led BC Early Psychosis Intervention (EPI) Alumni Council, with our research question developing organically out of conversations over the course of a year. Our work investigates how youth with psychosis draw on culture and community to contextualize their experiences. The role of culture is underrepresented in early psychosis research and intervention (2, 3). To address this gap, we propose community-engaged research through deliberative dialogues (4), a form of action-oriented qualitative research that bridges research with practice and/or policy action.

We will discuss our vision for community-engaged research rooted in social justice, democratic approaches to knowledge creation, and respect for the self-determination of youth and their communities (5). We will also review our own reflexive practice as researchers with diverse backgrounds both inside and outside of academia, with the intention of centering the voices of youth with psychosis. In investigating the role of culture, we recognize that we as researchers are equally located in cultural context and bring with us our own beliefs, practices and biases. Finally, we will discuss the limitations of our research process (6), e.g. the hierarchical structure of research institutions, pay inequity, and funding not designed for peer-led research.

This panel will encourage anyone engaged in research to reflect on barriers and facilitators to equitable co-creation of knowledge, policy, and practice. We believe that this approach can build community-level wraparound mental health, and by valuing lived experience and expertise, provide a richer and more comprehensive story of how psychosis is interwoven into the lives of youth.

At the conclusion of this activity, participants should be able to:
1. Identify barriers and facilitators to community-engaged research.
2. Apply principles of reflexive practice to the research process.
3. Reflect on ways to center lived experience/expertise at every level of the research process.

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Kathleen Lowenstein
Engaging the Margins: Exploring the Intersections of Critical Mental Health and Bioethics*
INTRODUCTORY
Arguments for the inclusion of psychiatric service user perspectives within discussions of mental health research and treatment have received increasing uptake. Pushback from within critical mental health has argued that paying heed to the voices of psychiatric service users has important implications for both research and practice. However, relatively little attention has been paid to the implications that interventions from within critical mental health, particularly interventions based on pushback against standard conceptual frameworks, have for conceptualizations of ethical responses to experiences of madness and distress more broadly.

This presentation seeks to bridge the gap by placing critical mental health and Mad Studies, a discipline that seeks to center the historically under-represented voices of those with lived experience of mental illness, into conversation with bioethics. In particular, it situates itself at the intersection between critical mental health and bioethics, asking how commonly-encountered ethical dilemmas (such as treatment nonadherence) change when understood from the perspective of critical work that includes an explicit awareness of power relations in the provider-service user dynamic. Accordingly, it fills a gap in the literature expressed by many clinicians working from a position critical of prevailing treatment frameworks: namely, the lack of discussion of what ethics in critical mental health looks like, by asking how insights from critical mental health can inform approaches to ethical issues within the ethics of mental health and illness more broadly.

At the conclusion of this activity, participants should be able to:
1. Articulate the way in which inclusion of the voices of psychiatric service users can reframe understanding of issues such as treatment nonadherence.
2. Describe two core aspects of applying a Mad Studies-orientated framework to ethical dilemmas.
3. Describe three points of overlap between critical mental health, Mad Studies, and bioethics.

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Marina Mazur, PhD & Kasia Jowett Garland, MPsy
Approaching Psychosis and Extreme States in Graduate Training*
INTRODUCTORY
Most clinical psychology doctoral programs teach about psychosis and extreme states from a theoretical and often solely medical model standpoint. Students get limited exposure to patients, mentors, or colleagues with lived experience of odd beliefs or hallucinations. Future psychologists obtain training with presentations that are better understood and more commonly accepted, such as depression and anxiety, but gain a limited comprehension, do not learn to treat, and have difficulty developing empathy for people with a less conventional experience of being in the world. Through an exploration of a personal experience of musical auditory hallucinations of a clinical psychology trainee, we hope to engage in a conversation about the vital need for inclusion of an in-depth understanding of extreme states in order for graduate programs to train clinicians who can comprehend and make meaning of the full range of human experience. This will also include addressing the gap between experts by experience and experts by profession; confronting the ongoing stigma related to clinicians experiencing psychosis and examining the interaction of lived experience with professional responsibilities. Together with the participants, we hope to work towards developing an actionable plan to move the academic community forward in its attention to, understanding, and training around psychosis and extreme states.

At the conclusion of this activity, participants should be able to:
1. Identify and critique the missing aspects of the curriculum in clinical psychology doctorate programs related to psychosis and extreme states.
2. Reflect on the stigma internalized by a trainee related to expressing an experience of musical auditory hallucinations in an academic environment.
3. Integrate different aspects of the conversation in order to develop new ways of approaching training in clinical psychology programs.

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Randy Morrison, MPH, BS, CIPSS; Sarah Lynch, LCSW, MSW; Saras Yerlig, CIPSS
Intentional Peer Support Integration within a Multidisciplinary Early Intervention Team in Maine*
INTERMEDIATE
The Portland Identification and Early Referral (PIER) program is the first early psychosis program in Maine and has recently begun to fully integrate multiple people with lived experience onto the team. This partnership creates a powerful bridge between participants, staff members, and the community at large. In collaborating across the clinical and the peer models, we have improved our team communication and included peer support to engage young people in treatment. In half of this presentation, we will discuss our structural Intentional Peer Support integration model in our larger organization (Maine Behavioral Healthcare), and in the second half we will discuss successes and challenges throughout this integration specific to the PIER team.

At the conclusion of this activity, participants should be able to:
1. Describe our specific model of Intentional Peer Support integration onto multidisciplinary clinical teams.
2. Apply this model to early intervention programs, using PIER as a model.
3. Analyze their own (if applicable) multidisciplinary team structure through a lens of collaboration and fidelity, aligned with the roots of the Intentional Peer Support model.

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Keris Jän Myrick, MBA, MS
Honoree Address
Silence Me Not: The Power of Words to Break the Chains of Mental Health Oppression*
INTRODUCTORY
The great black feminist author bell hooks said: "When we dare to speak in a liberatory voice, we threaten even those who may initially claim to want our words. In the act of overcoming our fear of speech, of being seen as threatening, in the process of learning to speak as subjects, we participate in the global struggle to end domination."

The absence of people of color and our voice within the mental health lived experience movement is deafening, especially in north America with its long history of a Consumer, Survivor, Ex-Patient movement. Our lack of visibility, voice and leadership in the movement is a form of silencing and domination in which people of color have been subjugated within colonialized society for generations. By centering our work with the lived experience of people of color, we set our human experiences as response to the cultural context of historic, institutional and systematic racism that does not promote health and wellbeing for our people. Dr. Martin Luther King Jr. described this as "Creative Maladjustment" wherein people refuse to normalize inequality and work continuously to expose injustice.

Silence Me Not's focus explores the urgent need and mechanisms to engage people of color with psychiatric histories to break the chains of historical and current mental health oppression that is not centered on race equity and the intersectionality of black and brown bodies and other racially marginalized people.

At the conclusion of this activity, participants should be able to:
1. Identify the interaction and power of two foundational contributors to injustice in adverse mental health outcomes for racially marginalized populations.
2. Describe the rungs of the "Ladder of Peer (lived experience) Involvement' in order to increase lived experience of those from racially marginalized populations in reform of mental health policies, practices and or programs.
3. Distinguish between cultural competency/humility and structural competencies.

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Elisa Nelson, PhD
Recovery-Oriented Cognitive Therapy for Families*
ADVANCED
The aim of this presentation is to describe a novel family group offered in a coordinated specialty care clinic that serves individuals in the early stages of psychosis. The group is based in Recovery-Oriented Cognitive Therapy (CT-R) an evidenced supported treatment for individuals with serious mental health conditions and adapted for family members of individuals enrolled in the clinic. The group offers parents and siblings a review of the approach and ways to apply this approach as a family member. The group aims to increase family members understanding of various challenges connected to psychosis. Additionally, the group reviews strategies for family members to partner with their loved one's enrolled in the clinic in identifying meaningful life aspirations and ways to take steps towards these ambitions while managing challenges. This presentation will review the structure of the group, outlines of sessions and participants (n= 29) response to the group.

At the conclusion of this activity, participants should be able to:
1. Discuss Recovery Oriented Cognitive Therapy (CT-R).
2. Explain ways CT-R can be adapted for family members.
3. List strategies to support family members.

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Jolanda Fernández Ruiz, MS
Insolitart, Beyond Art Therapy: An Integrative Rehab Project ✎
INTRODUCTORY
Art is the only territory in which the rules that distinguish the "normal" from the "strange" are diluted to give way to spaces without borders in which the creator, the artist and his specific and unique way of being in the world (with his characteristics, pathologies, traumas, experiences, knowledge) are necessary just as they are, with their suffering but above all with their will and desire to transcend it, to understand themselves and make themselves understandable to others. Because art makes no sense without the will to communicate, to build bridges with others.

From this perspective, the Insolitart group proposes a work that goes beyond the conventional conception of art therapy, which exclusively promotes the expression of the person's feelings and emotions without seeking an aesthetically valuable object. Our proposal, based on the principles of Dr. Volker Roeder's cognitive rehabilitation model for schizophrenia and within the conceptual framework of recovery, seeks to promote a vital path for the person, whatever their mental condition, understanding that we are not all the same, but different. Adapting the theoretical contents to the different information processing systems, promoting the horizontal hierarchy in which participants share knowledge, materials and projects, developing a multidisciplinary linking space aimed at developing a professional work comparable to that of any artist.

This project is designed in three phases (self-managed group/ school/ cooperative). The project is in its phase 1: Self-managed group. Significant improvements have been observed in the participants, both in their cognitive performance (previously evaluated with the EPICOGH-SQ battery), social skills, quality of their productions and general feeling of satisfaction with their life.

In September 2021 we will start working with the occulus tool for artistic projects with virtual reality provided by the VR Psy-Lab, directed by Dr. José Gutiérrez Maldonado from the Faculty of Psychology of the University of Barcelona.

At the conclusion of this activity, participants should be able to:
1. Compare the participants' independent production and their guided production.
2. Extrapolate the program IPT onto an artistic activity.
3. Compare art therapy and insolitart, to review the connecting points among art and psychosis.

Volker Roder1,2, Daniel R. Mueller2, Kim T. Mueser3,5 y Hans D. Brenner2, Integrated Psychological Therapy (IPT) for Schizophrenia: Is It Effective? Schizophrenia
Bulletin vol. 32 n.º S1 pp. S81-S93, 2006.

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Murray Jackson y Jeanne Magagna "Creatividad y estados psicóticos en personas excepcionales". Barcelona: Herder-3P; 2016 (pp. 29-59).

Paul S. Saks, PhD
The Mask of the Beast: Extreme States, Madness and Exile into Otherness as Depicted in History, Art and Culture* ✓
INTRODUCTORY
The meaning of "madness" and the way in which extreme psychotic states marginalize the individual, has, from pre-history, been dictated by cultural conventions and norms. This presentation will endeavor to explore what it meant to be mad across the various periods of pre-modern by looking into the eyes of the men, women and magnificent beasts depicted in period works of art. From ancient Mesopotamian seals to the Hunt of the Unicorn Tapestries, we will discuss life on the margins, in which miracles and demonic magic were an accepted part of the grand battle between the heavenly and the demonic. Ultimately, we will open a dialog to combat current stigma by understanding how imagery was used historically.

At the conclusion of this activity, participants should be able to:
1. Discuss perceptions of "the mentally ill" as "other" throughout history by analyzing works of art and visual images.
2. Discuss ways to combat marginalization and stigma in our current society by better understanding historical cultural trends.
3. Discuss the tension between "good" and "evil" states of madness, and how both served to dehumanize those who experienced psychotic states.

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Singer, J. (2020). Representing Mental Illness in Late Medieval France: Machines, Madness, Metaphor. (Gallica, 43.)

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Jaakko Seikkula, PhD
Keynote Address
Dialogue Cures in Psychotic Problems: That's Because Psychotic Behavior is a Part of Normal Life as Dialogue is the Basis of Humanity*
INTERMEDIATE
Psychotic behavior is an answer in an extreme stress situation. Every one of us may need this embodied psychological response to survive. Thus, it is not a psychopathology or illness. Open Dialogue has proved the best reported outcomes after the crises. It is not a therapy method, but a way of life for all humans from the very beginning of life. We first learn to breathe and to be in dialogue. The main aim in crises is to generate dialogue by accepting the Other without conditions. Actually, not so much more is needed. In the keynote I will discuss the question of why dialogue is so powerful.

At the conclusion of this activity, participants should be able to:
1. Discuss and challenge the psychopathological model of psychosis.
2. Discuss the development of dialogical psychological skills to meet with people and their families and social networks in psychotic crises.
3. Explain how to rely on the power of relationships and respect the Other without a need to change them.

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Seikkula, J. (2019). Psychosis Is Not Illness but a Survival Strategy in Severe Stress: A Proposal for an Addition to a Phenomenological Point of View. Journal of Psychopathology, 52, 143–150. DOI: 10.1159/000500162

Ron Unger, LCSW
The Role of Radical Skepticism in Madness and Recovery*
INTERMEDIATE
When we feel sane, we believe we possess accurate ways of knowing reality. Hidden within this understanding however lies a curious circularity. When asked how we know our method of discerning reality is correct, we inevitably circle around to asserting that our method can be relied upon because it arrives at the correct result, and confirms what we know to be true!

But what if the whole circle is in error?

At times, we may become deeply skeptical, or even paranoid, and lose trust in that circle. Then, it may seem that solid ground disappears, and so we tumble in an abyss, or madness.

In this "cloud of unknowing," it may seem that nothing is real, or that everything is real (since anything now has as much seeming claim to reality as anything else.) Or, overwhelmed by the infinity of possibilities, we may grasp onto some alternative "mad" reality, or swing from wildly positive to terrifying perspectives.

Since it was radical skepticism that led into the abyss, it may seem that climbing out would require a rejection of skepticism. But without deep skepticism, how can we question our mad perceptions or beliefs?

An alternative is to continue to value skepticism, but now in a flexible way that also allows for skepticism about skepticism itself. Then we can balance having definite perceptions and ideas about reality with an awareness that they may also be completely wrong.

Currently, the mainstream approach to helping the mad involves maintaining an absence of skepticism about dominant forms of "sanity," paired with complete skepticism toward finding value in madness. But recovery might better be promoted by helpers who can accept the lack of a solid foundation for knowledge, and who instead promote a lively evolving dialogue in which all, including the mad, have something to contribute.

At the conclusion of this activity, participants should be able to:
1. Explain how radical skepticism can lead to paranoia and a breakdown in an ordered sense of self and world.
2. Discuss the function of increased skepticism about psychotic perceptions and beliefs in the recovery process.
3. Identify the role of toleration of uncertainty by professionals and family members in breaking down the expertise hierarchy and allowing for the creation of a respectful dialogue that facilitates recovery.

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Morrison, A. P. (2017). "A manualised treatment protocol to guide delivery of evidence-based cognitive therapy for people with distressing psychosis: learning from clinical trials." Psychosis: 1-11.

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Pat A. Wright, MEd; Tanya Frank, MFA; Cindy Peterson-Dana, LMHC; Georgia Martin, MD
Plenary Panel
Creating Cohesion in the Chaos
INTRODUCTORY
The family panel gives voice to the unsung heroes of those among us who "struggle with extreme states, voices or unusual beliefs." We are our loved ones' first advocates and on-going supporters. Often we are put in the positions of responsibility for making choices that determine unknown, major life outcomes, without the support, or resources we need.

There are many people willing to tell us what to do (doctors, courts, hospitals, etc.) yet how do we determine the best course of action (especially in a time of crisis) for our loved ones, let alone ourselves? We face on-going battles within ourselves, systems, and society's harsh judgments of those who don't fit the "ideas of mainstream thinking/behavior."

We've been blamed, stereotyped, labeled, and criticized for what we have done, not done and failed to know the difference at the right time. Imagine if we were given resources, kindness, compassion and respectful support for all we've been through and have yet to experience? It's ironic that even though it's usually parents who have first reached out for help in the beginning, been through all the trials of whatever is happening, and will continue being life long supporters (long after our peers and other kids have moved on) we are given so little and expected to do so much.

Fortunately there are new frameworks (Family and Friends of HVN, Open Dialogue etc) to help give us voices and the support we've been missing. The WHO report has many of us questioning "when are we in the US going to see how 'social care for challenges' is a human rights issue," not a pharmaceutical problem to be solved by psychiatry?

How if we, white, privileged, educated women are having this much difficulty, is it for other parents who already struggle with so much more?

At the conclusion of this activity, participants should be able to:
1. Describe ways physicians can recognize the impact of stress on the family members they see in her practice.
2. Provide an example on how one family's experience using dialogic approaches and home respite, with what could be described as a first episode of psychosis, can avoid hospitalization.

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Sayuka Yamazaki; Toshiko Kobayashi, MA, LCAT, ATCS, ATR-BC; Eun Hong Park, ATR
Origami Therapy with Residents at Transitional Home in New York City under Covid Restrictions ✎
INTRODUCTORY
This presentation showcases how Art Therapy, specifically Origami Therapy, could contribute to the wellbeing of the residents at the transitional home under Covid restrictions. The study exhibits how Art Therapy, specifically Expressive Origami therapy, was used and beneficial in providing therapy at the transitional home settings in New York City under Covid conditions. The presentation also introduces how the sessions were conducted and evaluates challenges that were faced during the planning phase as well as during the sessions. The study assesses how Expressive Origami Therapy was beneficial to the participants and how it could be measured and applied further to produce a longer-term effect in a participant's life. The presentation includes easy to follow demonstrations of some of the basic origami therapy models that were actually used in the sessions with this population as well as its various applications.

At the conclusion of this activity, participants should be able to:
1. Determine when origami therapy would be best utilized by having a comprehensive overview of its history and the theory behind how Art Therapy, especially Origami therapy works.
2. Describe why using Origami models in sessions with patients can be beneficial to healing
3. Explain the practical steps and overview of how the session can be conducted, how to prepare and start the session to how to assess and promote the positive effect and progress of the participants.

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✓ = Creative Healing Space. ePosters are not offered for credit.

Claire L. Bien, MEd
IPS Semi-Rap ✓
INTRODUCTORY
Shery Mead's Intentional Peer Support (IPS) framework, Peer support is about Social Change (intentionalpeersupport.org), provides people who are struggling to live fully in the world with the perspectives and skills needed to learn, grow, and nurture themselves and others. In the spring of 2019, I was part of an IPS training with Shery Mead and Chris Hansen held at Advocacy Unlimited in Connecticut. Class members were asked to create a final project that would convey IPS's Three Principles: From helping to learning together; Individual to relationship; and Fear to Hope and possibility; and Four Tasks: Connection, Worldview, Mutuality, and Moving Towards. I wrote a poem with a rhyming beat that emulates Rap. The poster provides a visual illustration of IPS's three principles and four tasks, my own written ruminations and understandings, and a link to a video of me performing the poem.

IPS Semi-Rap
Connection, intention, mutuality, respect
Learning together is the main object
Together we can learn
Together we can grow
Together we can learn
Why we know what we know
Or maybe rediscover
Everything that we knew
And saw
And felt
When the sky was still blue.

Intention, reflection, mutuality, respect
Reaching through the darkness
Trying to connect.
Finding our way together
Reaching for the light
Seeking understanding
Trying with all our might.

. . . and on.

Cassandra Fehr, Tomas Fogl, MD, FRCPC, Holly Kelsey, Barna Konkoly-Thege, Shannon LaBelle, Jasmine Lyons, Julia Marinos, Bronwyn O'Brien, Lynn Rutledge, Jonathan Samosh, Sage Sezlik, Noor Sharif, Helen Thai, Emma Wright, Nicola Patricia Wright, PhD
The Diversity and Inclusiveness of Participatory Action Approaches: Expanding our Horizons
INTRODUCTORY
Participatory Action Research (PAR) has enriched clinical research through the collaboration of clinicians, and individuals with lived experience of psychosis/experts by experience throughout all steps of the research process including the development of research ideas, goals, methods, interpretation, and knowledge dissemination. PAR is recognized as an emerging, novel, and inclusive approach to clinical research that has been found to produce high quality research, while reducing marginalization and social exclusion and empowering experts by experience. Importantly, the PAR

framework can be applied to more than just the research process, including education and training workshops, creation of training manuals, development of therapeutic tools and techniques, and program development, to name a few. The current proposal aims to disseminate examples of how the PAR framework has been applied to individual and group therapy, advocacy, program development, program evaluation, training and education to help facilitate participatory research and co-design approaches at other organizations internationally. We outline examples of PAR projects that we have implemented at the Royal Ottawa Mental Health Center (ROMHC). To illustrate, we discuss the creation of a set of "Coping Cards" created by members of the Open CBTp Group at the ROMHC, as well as the benefits we have found from including peer facilitators as co-leaders in our therapy groups. Furthermore, we delineate the creation of a mindfulness and yoga group for clients at the ROMHC lead by a yoga instructor with lived experience of psychosis. To add, we explain how we used PAR to create a social enterprise in which experts by experience worked collaboratively with clinicians to create a social enterprise that raises funds for treatment programs. Finally, we discuss how our training manuals and workshops have been enhanced by the inclusion of individuals with lived expertise as equal partners in the training.

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Participatory Action Research and Co-Design: An Ethical Framework for Evolving Approaches
INTRODUCTORY
Building an ethical framework by the team for the team is foundational to Participatory Action Research (PAR). It clarifies roles, fosters awareness of the value researchers bring, engages all with educational resources available, creates connection and collaborative focus towards objectives, and ensures the meaningful, necessary contributions of researchers are embedded into studies on their ethical terms. Meaningful active collaboration is central to identify research priorities, design, and implementation. In the healthcare paradigm, PAR is recognized as an emerging, novel, and inclusive approach of inquiry whereby clinicians and people with lived experience/experts by experience are members of the research team and collaboratively develop research ideas, goals, methods, and knowledge translation strategies. The principles of PAR are innovative and go beyond institutional boundaries by recalibrating the research focus and process to acknowledge clients as the experts of their own experience. Although PAR can enhance conventional research models by including the expertise of people with lived experience, the unique nature of PAR can pose an array of ethical concerns (e.g., scientific validity, informed consent, dual roles, confidentiality, decision making ability, leadership, true involvement vs token involvement and representation). As such, in order to effectively adopt a PAR approach in clinical research, a shared understanding of the ethical requirements is necessary. The current proposal aims to identify the ethical considerations of PAR and co-design/co-production to help facilitate participatory research and co-design approaches of individual, group and family programs, advocacy, program evaluation, training and education.

Denise Maratos, EdM
Extreme States: Breakthroughs or Breakdowns
INTERMEDIATE
This research is a phenomenological introspective investigation of the lived experiences of individuals who experienced transpersonal states of consciousness that resulted in psychiatric diagnoses. The purposes of this study are: to bring awareness to the healing that may occur when individuals have transpersonal experiences, to explore the meaning found in these experiences, to examine the impact a diagnosis of psychosis, and/or other diagnoses, may have on individuals, to discover how these experiences facilitate the individuation process, and to investigate how they may assist in the transcendence of suffering.

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Denise Maratos, EdM
WHO IS SHE ✒
INTRODUCTORY
If there are supernatural powers, it is through the cracked self that they enter. —William James, Exceptional Mental States: The 1896 Lowell Lectures

This poem was written about two months after a transpersonal state of consciousness took over me. During this one, I felt possessed by some historical and mythological characters, hence their appearance in the poem. I was trying to find words to find myself once again. At that point, I had started studying psychology again and the questions of "who am I?", "what am I?", "do I have a self?" all started popping up again in my studies and, consequently, in my mind. My psyche was wrestling with the words... but I knew that my experiences could not be described with literal words. Even as I write this abstract I wrestle with the words to describe this piece.

A sudden urge to pick up a pen and some paper came to me. This was not the first time that this had happened. It was a calling, a calling to write something... and then the words just flowed out onto the paper from my hand, as if they were coming through me, as if I were a medium or a channel for those parts of me to be expressed. These parts that I could not really comprehend. And these parts may be a part of me, but are they a part one can see with the common eye? Or are they in my invisible aura or in the collective unconscious? Those are the questions we can all wrestle with while reading transpersonal poetry, or having a transpersonal experience. And so this poem was written.
Bucke (1969) referred to these experiences as cosmic consciousness, and considered them to be examples of an evolution in consciousness in-process. I have written many poems, but after writing this one, I began to have an interest in poetry therapy. It is the use of language, symbol, and story in therapeutic, education, growth, and community-building capacities. It relies upon the use of poems, stories, song lyrics, imagery, and metaphor to facilitate personal growth, healing, and greater self-awareness. It also includes: bibliotherapy, narrative, journal writing, metaphor, storytelling, and ritual (NAPT, https://poetrytherapy.org/). While working with UCLArts and Healing at community clinics, I

facilitated poetry and writing therapy to conduct individual and group therapy with service users. I have also used expressive art therapies with the Wildflowers' Movement, a peer-run support group that meets bimonthly.

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Denise Maratos, EdM
TO DIE BEFORE YOU DIE ✎
INTRODUCTORY
"Often it is necessary to clarify a vague content by giving it visible form...Often the hands know how to solve a riddle with which the intellect has wrestled in vain."
C.G. Jung (1960)

Vision boards are a way to discover and uncover the hidden symbols and images that are buried within our unconscious, and within our entire psyche, far beyond the brain and the body. By studying Depth Psychology, I am exploring new territories to open the pathways of the mind's eye to the areas that have been blurred by guilt, shame, anger, and fear, often thought to be too foreign or forbidden to enter. If we have strong faith in the natural healing that occurs when careful attention is given to the wounds of the soul, within the mysterious abyss in each individual, we shall heal ourselves and, synchronous, acquire the gift to heal those around us, creating an eco- conscious eco-system for all to coexist.

Vision Boards are made from pasted images representing images that come up in our minds, psyches, and the world around us. They may include dreams or goals the individual wants to see manifested in the future. They are adorned with everything from photographs to 3-D objects, and can include a variety of themes or just focus on one specific theme, i.e. health, perfect partner, breaking through and transforming, an illness, etc. For example, the one I'm proposing to share includes features from my near-death experience, as well as other elements from various extreme states of consciousness. I have used these healing modalities of art therapy while working with UCLArts and Healing at community clinics to conduct individual and group therapy with service users. The service users loved these doing these projects and took great pride in their art pieces.

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